IPDR6702	12/11/2005		TDE	NORTH CAROLINA RS CHECKWRITE SUMMARY REPORT	I	P.	AGE: 1	
NON DAIL.	12/11/2005			CHECKWRITE DATE: 12/13/2005				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	14	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		8599	9	DETAIL NOT COVERED BY COMBINAT	0	23	23	. 0
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	URAMBRA UTAUTAN	21	30	DUPLICATE OF CLAIM-SYSTEM				
	WESTERN HIGHLAN DS LME							
		8537	12	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND	1	67	7023	6956
				SPECIALTY IN ACCORDANCE TO MEN				
		8599	9	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND	1			
	-			BENEFIT PACKAGE.	1		-	
3404910	PATHWAYS	8505	623	CLAIM DENIED DUE TO INSUFFICIE	1		-	
1	LIIIIMAIS		1	NT BUDGET				
		0525	7.0					
	-	8535	71	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837.	1	719	2355	1611
	+		1	PLEASE RESUBMIT YOUR CLAIM WIT	1		-	
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM	8931	160	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		0500	21					
		8599	31	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	178	300	4768	4468
				BENEFIT PACKAGE.				
		191	24	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404913	MECKLENBURG COM	0	0	*** NO DATA TO REPORT ***				
	ENTAL HEALT							
		0	0					
		0	0		0	0	0	0
3404916	CROSSROADS BEHA	8534	167	SERVICE FACILITY LOCATION IS N				
	VIORAL HEAL	1		OT A VALID IPRS ATTENDING				
	+			PROVIDER. PLEASE VERIFY THE F	1		-	1
		8599	68	DETAIL NOT COVERED BY COMBINAT	0	397	7824	7427
				ION OF RECIPIENT, PROVIDER AND	Ŭ	33.	. 52.1	
				BENEFIT PACKAGE.				
	-	79	65	THIS SERVICE IS NOT PAYABLE TO	1		-	
		13	03	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	-			
			1	PROVIDER TYPE AND SPECIALTY IN	1			
3404917	CENTERPOINT HUM	10	1716	DIAGNOSIS OR SERVICE INVALID F	1			
	AN SERVICES			OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	1		-	
	+		1	DIMONOSIS, PROCEDURE CODE FOR	1		-	
		8599	698	DETAIL NOT COVERED BY COMBINAT	188	3652	8400	4748
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	1	21	422	DUPLICATE OF CLAIM-SYSTEM	1	1	1	1
	+		***	SOLDICATE OF CHAIN-SISIEM	1		-	
			1	1				1
	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***				
3404918				1	1		1	
3404918	ENTAL HEALT							
3404918	ENTAL HEALT							
3404918	ENTAL HEALT	0	0		0	0	0	0
3404918	ENTAL HEALT	0	0		0	0	0	0

PROVIDER		HIOH DENIES	MIMPED OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS
	PROVIDER WARE				DENTALS	DENTALS	FINALIZED	FAID
3404919	GUILFORD CO MEN	8599	102	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DEMEFII FACRAGE.				
		21	38	DUPLICATE OF CLAIM-SYSTEM	26	203	1942	1739
		79	14	THIS SERVICE IS NOT PAYABLE TO				
		,,,		YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404920	ALAMANCE CASWEL	8599	1297	DETAIL NOT COVERED BY COMBINAT				
	L AREA MH D			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	174	DUPLICATE OF CLAIM-SYSTEM	23	1829	3817	1988
		8505	121	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404921	ORANGE PERSON C	5312	884	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		8800	171	FURTHER PROCESSING NECESSARY,	16	1486	3331	1845
				PLEASE CHECK FOR CLAIM ON	10		2331	
				FUTURE RA'S.				
		0500	1.01					
		8599	131	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8535	5353	SERVICE FACILITY LOCATION WAS				
	ER			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		8329	552	CLAIM DENIED ATTENDING PROVIDE	0	5992	6337	345
				R CANNOT BE THE SAME AS		3332	0337	343
				THE LMA				
		8599	28	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8329	623	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
		11	197	CLIENT NOT ELIGIBLE ON SERVICE	4	1073	2514	1441
				DATE	4	10/3	2314	1441
		8599	139	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8534	413	SERVICE FACILITY LOCATION IS N				
	R FOR MH/DD			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		8518	164	CLAIM DENIED, SUBMITTED REYOND		10	7011	
				CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	23	1098	7211	6113
				FISCAL YEAR DOS (JULY 1 - JUNE				
		120	131	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
				AND AND CORDS				
	+	5404	3215	SEVERE DUPLICATE: SAME ATTD PR				
3404926	SOUTHEASTERN RE	1		OV/PCODE/TOS/DOS/MOD				<u> </u>
3404926	SOUTHEASTERN RE G MENTAL HL	L					. —	1
3404926								
3404926		21	1470	DUNTTANDE OF OLVEN OVOR				
3404926		21	1478	DUPLICATE OF CLAIM-SYSTEM	498	6814	7372	558
3404926		21	1478	DUPLICATE OF CLAIM-SYSTEM	498	6814	7372	558
3404926		21	1478		498	6814	7372	558
3404926		21	1478	DETAIL NOT COVERED BY COMBINAT	498	6814	7372	558
3404926					498	6814	7372	558

PROVIDER HIGH DENIAL NUMBER OF TWC TOTAL CLAIMS CL			1	1	T	1			
Marchest	ROVIDER		HIGH DENIAL	NUMBER OF		maio	moma r	TOTAL	TOTAL
AND CONTINUES OF B   1314   13		PROVIDER NAME			DESCRIPTION				PAID
		PROVIDER NAME				DENIALS	DENTALS	FINALIZED	FAID
	404927	CUMBERLAND CO M	8518	62	CLAIM DENIED, SUBMITTED BEYOND				
10   10   10   10   10   10   10   10									
100					FISCAL YEAR DOS (JULY 1 - JUNE				
Section   Sect			8599	27		0	118	2066	1948
18   18   18   18   18   18   18   18									
NOTABLE			23	8	SERVICE REQUIRES PRIOR APPROVA				
1000000					L				
NOTABLE									
144999	404929		0	0	*** NO DATA TO REPORT ***				
144490   Description County   1511   14									
144490   Description County   1511   14									
MATE NATION			0	0		0	0	0	0
MOTES IN PROPERTY									
MOTES IN PROPERTY	404930	JOHNSTON COUNTY	8931	40	AMTNC INELIGIBLE TO RECEIVE SE				
10									
A CASE   PART ATTERDING									
PAY AND DEPTA ATTROUGH   PART   PAR									
MONTHER PRIMARY PARTY THE F			8534	31		65	195	2974	2779
160   160									
1404931   NAME CO MMM SUC   11					INOVIDER. FEEROE VERIFI IRE F				
1404931   NAME CO MMM SUC   11			8505	28	CLAIM DENIED DUE TO INSUFFICIE				
1404933   NAME CO REMY SPC   11   166   CLEAT NOT ELICIBLE ON SERVICE									
STATE   SATE									
STATE   SATE									
1504933   150	404931		11	166					
Or A VALID IRRS ATTENDED		BILLING OF			DATE				
Or A VALID IRRS ATTENDED									
			0524	22	OPDUTOR PROTETRY LOCKSTON TO N				
			0334	33		18	295	2345	2050
			1						
MANY RECEIVED, PA 15 REQUIRED									
FOR ADUTIONAL SERVICE.			8621	30	60 RESIDENTIAL LEVEL III TREAT				
10   10   10   10   10   10   10   10									
LIAS CO MES C					FOR ADDITIONAL SERVICE.				
LIAS CO MES C									
	404932		0	0	*** NO DATA TO REPORT ***				
100 OF RECIPIENT, PROVIDER AND		LLS CO MH C							
100 OF RECIPIENT, PROVIDER AND									
100 OF RECIPIENT, PROVIDER AND			0	0		n	0	n	0
100 OF RECIPIENT, PROVIDER AND						0		0	0
100 OF RECIPIENT, PROVIDER AND									
S. FOR MM/DD   SENFIT PRACKAGE.   SENFIT PRACKAGE	404933	SOUTHEASTERN CT	8599	409					
RICE THIS CLAIM DETAIL					BENEFIT PACKAGE.				
RICE THIS CLAIM DETAIL			8000	99	NO PATE AVAILABLE ON PILE TO D		_		
120   24   CLIENT ID NUMBER MISSING OR IN			5550			14	594	4107	3513
VALID. ENTER CID AND SUBMIT			1						
VALID. ENTER CID AND SUBMIT									
AS A NEW CLAIM  AS A NEW CLAIM  AS A NEW CLAIM  BEHAV HEAL  BENEFIT PACKAGE.  S534  28 SERVICE FACILITY LOCATION IS N  6 13 1004  FROUTDER. PLEASE VERIFY THE F  FROVIDER. PLEASE VERIFY THE F  YOUR SUBMITTED BILLING  FROUTDER TYPE AND SPECIALTY IN  3404935  WAYNE CO MENTAL  O  O  O  O  O  O  O  O  O  O  O  O  O			120	24	CLIENT ID NUMBER MISSING OR IN				
3404934 ONSLOW CARTERET 8599 67 DETAIL NOT COVERED BY COMBINAT 10N 0F RECIPIENT, PROVIDER AND 10N 0F RECIPIENT OF RECI				İ					
BEHAY HEAL					AS A NEW CLAIM				
BEHAY HEAL	404004		0.500	c n					
SENEFIT PACKAGE.	404934		8599	67					
SSA4   28   SERVICE FACILITY LOCATION IS N   6   143   1004		BEHAV HEAL							
OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  79 16 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  3404935 WAYNE CO MENTAL O O O O O O O O O O O O O O O O O O O					BENEFIT FROMBE.				
OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F  79 16 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  3404935 WAYNE CO MENTAL O O O O O O O O O O O O O O O O O O O			8534	28	SERVICE FACILITY LOCATION IS N	_	1/12	1004	861
16			1				143	1304	001
16					PROVIDER. PLEASE VERIFY THE F				
YOUR SUBMITTED BILLING									
PROVIDER TYPE AND SPECIALTY IN			79	16					
NAYNE COMENTAL   0   0   0   0   0   0   0   0   0									
HEALTH CTR  HEALTH					PROVIDER TYPE AND SPECIALTY IN				
HEALTH CTR  HEALTH	404935	WAVAR OO MENTAL	0	0	*** NO DATA TO REPORT ***				
			-	-					
3404936 WILSON-GREENE M 0 0 *** NO DATA TO REPORT *** ENTAL HEALT									
ENTAL HEALT			0	0		0	0	0	0
ENTAL HEALT SOME SOME SOME SOME SOME SOME SOME SOME									
ENTAL HEALT		-							
			U	U	*** NO DATA TO REPORT ***				
		ENTAL HEALT							
			0	0			^		
						0	U	U	U
			1						

PROVIDER								
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIEDE MANUE	EOBS	DENIALS	DESCRIPTION				
	PROVIDER NAME	2020	DENTITED	DECORT TON	DENIALS	DENIALS	FINALIZED	PAID
3404937		79	33	THIS SERVICE IS NOT PAYABLE TO				
	EDGECOMBE NASH	, ,		YOUR SUBMITTED BILLING				
	MNTL HLTH C			PROVIDER TYPE AND SPECIALTY IN				
				THOUSEN THE TIME OF ECTIVETY IN				
		21	7	DUPLICATE OF CLAIM-SYSTEM	_			
		2.1	,	DOFFICATE OF CHAIN-SISIEM	0	44	567	523
		8518	0	CLAIM DENIED, SUBMITTED BEYOND				
		0310	2	FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
				FISCAL TEAR DOS (DOLL I - DONE				
3404938		0	0	*** NO DATA TO REPORT ***				
3404930	VGFW DBA RIVERS	0	U	NO DATA TO REPORT				
	TONE COUNSE							
		0	0		0	0	_	_
		U	U		0	0	0	0
2404020		0500	29	DEMATE NOW COURDED BY COMPANIE				
3404939	NEUSE MENTAL HE	8599	29	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
		1	1	BENEFIT PACKAGE.				
	1	101	-	OF TRAME TO MUMBER BARA NAME WATER				
	+	191	-	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	36	874	838
	+	1	+	N FALLENT NAME				
	1	1	1					
	1	10	2	DIACNOCTO OD OBBUTOR THUSAND P				
	1	10	4	DIAGNOSIS OR SERVICE INVALID F				
	1			OR CLIENT AGE. VERIFY CID,				
	1			DIAGNOSIS, PROCEDURE CODE FOR				
2404072	1			And the page of th				
3404941	PITT CO MH/DD/S	0	U	*** NO DATA TO REPORT ***				
	AS CENTER							
		0	0		0	0	0	0
3404942	ROANOKE CHOWANH	8931	5	AMTNC INELIGIBLE TO RECEIVE SE				
	UMAN SERVIC			RVICES IN IPRS.				
		8599	3	DETAIL NOT COVERED BY COMBINAT	5	11	400	389
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		24	1	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
3404943	ALBEMARLE MENTA	79	198	THIS SERVICE IS NOT PAYABLE TO				
3404943	ALBEMARLE MENTA L HEALTH CE	79	198	YOUR SUBMITTED BILLING				
3404943		79	198					
3404943		79	198	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404943		79	198	YOUR SUBMITTED BILLING	39	555	2224	1669
3404943				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	39	555	2224	1669
3404943				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	39	555	2224	1669
3404943				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM	39	555	2224	1669
3404943				YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T	39	555	2224	1669
3404943		21	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM	39	555	2224	1669
3404943		21	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T	39	555	2224	1669
		21	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  FROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE	39	555	2224	1669
3404944		21	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO	39	555	2224	1669
	L HEALTH CE	21 537	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  FROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE	39	555	2224	1669
	L HEALTH CE	21 537	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO	39	555	2224	1669
	L HEALTH CE	21 537	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING	39	555	2224	1669
	L HEALTH CE	21 537	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT	39	555	2224	1669
	L HEALTH CE	537	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	L HEALTH CE	537	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE	537	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	L HEALTH CE	537	191	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	L HEALTH CE	21 537 79	191 40 485	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	L HEALTH CE	21 537 79	191 40 485	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	L HEALTH CE	21 537 79	191 40 485 399	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM				
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES	21 537 79	191 40 485	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599	191 40 485 399	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM				
3404944	L HEALTH CE  EASTPOINTE HUMA N SERVICES	21 537 79 8599	191 40 485 399	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM				
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599	191 40 485 399	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM				
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599 21	191 40 485 399 110	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUFLICATE OF CLAIM-SYSTEM  DUFLICATE OF CLAIM-SYSTEM	82	1313	14405	13092
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599	191 40 485 399	YOUR SUBMITTED SILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM				
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599 21	191 40 485 399 110	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	82	1313	14405	13092
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599 21	191 40 485 399 110	YOUR SUBMITTED SILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM	82	1313	14405	13092
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599 21 21	191 40 485 399 110 2193	YOUR SUBMITTED SILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	82	1313	14405	13092
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599 21	191 40 485 399 110	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PROCEDURE CODE, PROCEDURE/MODI	82	1313	14405	13092
3404944	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599 21 21	191 40 485 399 110 2193	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PROCEDURE COME, PROCEDURE/MODI FICER COMBINATION OR PROCEDURE	82	1313	14405	13092
	L HEALTH CE  EASTPOINTE HUMA  N SERVICES  FOOTHILLS AREAM	21 537 79 8599 21 21	191 40 485 399 110 2193	YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  PROCEDURE IS NOT COVERED FOR T  HIS DATE OF SERVICE  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  PROCEDURE CODE, PROCEDURE/MODI	82	1313	14405	13092

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF					
					TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0			0	0	0
3404979	NEW RIVER AREAM	8621	13	60 RESIDENTIAL LEVEL III TREAT				
	H/DD/SA PRO			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		21	5	DUPLICATE OF CLAIM-SYSTEM		3 28	4397	4369
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				